MANITOBA CHILD CARE ASSOCIATION
2nd Floor 2350 McPhillips Street Winnipeg, MB R2V 4J6
PH: (204) 586-8587 FAX: (204) 589-5613 Toll Free: 1-888-323-4676
Visit us online at www.mccahouse.org to view MCCA's Privacy Policy Statement on protection of members personal information.

FOR OFFICE USE ONLY:

Date Received: _____

Cheque Number: _____

Amount: _____

Entered:

MONTHLY MEMBERSHIP REMITTANCE FORM 2010

FOR THE MONTH OF _____

o be submitted by the first week of the following month

Centre Name _____ **MCCA #** _____

Phone _____ **Fax** _____ **Email** _____

FULL TIME – working 25 or more hours per week PART TIME – working less than 25 hours per week **Member Name**	MCCA MEMBER #	Indicate E-Enrolled TM-Terminated T-Transferred	Health Source Plus		ECE II/III		CCA	
					Full Time	Part Time	Full Time	Part Time
					ECE II/III	ECE II/III	CCA	CCA
			Y	N	**$17.34. /MOS.**	**$10.34 /MOS.**	**$9.34 /MOS.**	**$6.34 /MOS.**
				Sub Totals	$0.00	$0.00	$0.00	$0.00
							Total Remittance	$0.00

PLEASE NOTE: If you have new staff or staff are no longer employed at the centre, please send in the documentation as listed below:

☐ Change of Information enclosed ☐ New Member Application enclosed

*****PLEASE PHOTOCOPY THIS FORM FOR FUTURE USE***

Or

**You can find this form and others on our website at www.mccahouse.org and go to "Join the MCCA"

Revised January 4, 2010